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FAX COVER SHEET

TO: ISSUE FEE PAYMENT U.S. P.T.O.	From: Christopher Novak Intellectual Property Counsel
Tel. N/A	Tele: 408-330-1576
Fax. (703) 746-4000	Date: February 3, 2005
Sheets: Cover + 5	
RE: <u>Issue Fee Payment: Appl. S/N 10/621,055 filed 7/15/03, Cesar A. Talledo</u>	

Message:

Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**
- 4. Transmittal Form**

Thank you.

Christopher Novak
Intellectual Property Counsel
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PTO/SB/21 (08-03)

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FORM

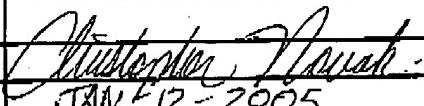
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Total Number of Pages In This Submission

Application Number	10/621055
Filing Date	7/15/2003
First Named Inventor	Talledo, Cesar Alejandro
Art Unit	2816
Examiner Name	TRA. ANH QUAN
Attorney Docket Number	1828

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): "FEE ADDRESS" INDICATION FORM

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	CHRISTOPHER NOVAK, REG. NO. 42,041
Signature	
Date	JAN 12 - 2005

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Typed or printed name	BROOK KWALICK	
Signature		Date 2-3-05

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